

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Cooperative of American Physicians IE Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00492116	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Revolution Media Group</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>		
Mailing Address <b>1020 Princess St</b>			Amount <b>207000.00</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : E-277		
Purpose of Expenditure Cable and Radio Advertising		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>		
Name of Federal Candidate <b>Bruce Braley</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>248000.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Revolution Media Group</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>		
Mailing Address <b>1020 Princess St</b>			Amount <b>343000.00</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : E-278		
Purpose of Expenditure Cable and Radio Advertising		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>		
Name of Federal Candidate <b>Tom Cotton</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <b>383000.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>550000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca J Olson

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 20 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Cooperative of American Physicians IE Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00492116	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Revolution Media Group</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>		
Mailing Address <b>1020 Princess St</b>			Amount <b>200000.00</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>E-279</b>		
Purpose of Expenditure <b>Cable and Radio Advertising</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>		
Name of Federal Candidate <b>Dan Sullivan</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AK</b>		
Calendar Year-To-Date Per Election for Office Sought <b>234500.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>NMB Research, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>		
Mailing Address <b>206 N Fayette St</b>			Amount <b>41000.00</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>E-280</b>		
Purpose of Expenditure <b>Polling</b>		Category/Type <b>005</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>		
Name of Federal Candidate <b>Bruce Braley</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>248000.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>241000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Rebecca J Olson

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NMB Research, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>	
Mailing Address <b>206 N Fayette St</b>		Amount <b>40000.00</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>E-281</b>
Purpose of Expenditure <b>Polling</b>	Category/Type <b>005</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>	
Name of Federal Candidate <b>Tom Cotton</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>383000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>NMB Research, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>	
Mailing Address <b>206 N Fayette St</b>		Amount <b>34500.00</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>E-282</b>
Purpose of Expenditure <b>Polling</b>	Category/Type <b>005</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2014</b>	
Name of Federal Candidate <b>Dan Sullivan</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AK</b>	
Calendar Year-To-Date Per Election for Office Sought <b>234500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>74500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>865500.00</b>

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Rebecca J Olson

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